

Exhibit A

215017377
44445State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No/ District	Agency Case No	C15-07918	BIT & RUN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1		
A1 01	DATE OF ACCIDENT	M M D O Y Y Y	S M T W TH F S	(In Military Time)	TIME OF ACCIDENT	0657	STATE TYPE ONLY				
A2 01	PLACE OF ACCIDENT	COUNTY	Hall		POLICE NOTIFIED	0700	Amended				
B	CITY						PRIVATE PROPERTY?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C 2	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.	INTERSTATE 80				ONE-WAY STREET?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE		
D 1	DISTANCE FROM MILEPOST	FEET	2440	N S E W	OF MILEPOST	294.000	HIGHWAY NO.	80	LONGITUDE		
E 1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY					IF NOT AT INTERSECTION N. DEGREES X' MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
F 1						3.00 X					
G 1	H. ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
H 1	MILES	N S E W	AND MILES	2.00	N S E W	OF NEAREST CITY OR TOWN	SHELTON				
I 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?						
J 1	VEHICLE NO. 1										
K 1	DRIVER LICENSE NO.	H13702183				STATE (OR PROV.)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
L 1	DRIVER NAME					PHONE				LOCAL NO	
M 1	DRIVER ADDRESS	CITY, STATE, ZIP				DATE OF BIRTH (MM/DD/YYYY)	05/23/1973			VU1 08	
N 2	OWNER	DANDEE CONSTRUCTION / DAN BUSER				PHONE	308-627-6660			VU2 09	
O 2	DRIVER ADDRESS	CITY, STATE, ZIP				CREATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CREATION NO		VU3 01	
P 3	LICENSE PLATE NO.	092396	YEAR	MADE	MODEL	BODY STYLE	YEAR (Plus Extras)	2015	STATE (OR PROV.)	NE	VU4
Q 4	VEHICLE ID NO. (VIN)	1GCEC14X33Z115363				COLOR	ESTIMATED DAMAGE	X TOTALLED \$	INSURANCE COMPANY	FARM BUREAU	VU5 01
R 5	TOWED TO	GRAND ISLAND				TOWED BY	POLICY NO.			VU6 75	
S 6	VEHICLE NO. 2										
T 1	DRIVER LICENSE NO.					STATE (OR PROV.)		SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE			
U 7	DRIVER NAME					PHONE				LOCAL NO	V21
V 7	DRIVER ADDRESS	CITY, STATE, ZIP				DATE OF BIRTH (MM/DD/YYYY)				LOCAL NO	V22
W 1	OWNER					CREATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CREATION NO		V23	
X 1	LICENSE PLATE NO.	YEAR	MADE	MODEL	BODY STYLE	YEAR (Plus Extras)	STATE (OR PROV.)		V24		
Y 2	VEHICLE ID NO. (VIN)					COLOR	ESTIMATED DAMAGE	X TOTALLED \$	INSURANCE COMPANY	V25	
Z 1	TOWED TO					TOWED BY	POLICY NO			V26	
Complete this section for all injured persons (Complete a continuation report if more than three were injured)							DATE OF BIRTH (MM/DD/YYYY)	1 2 3 4 5			SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
VEH. 1	NAME	LARRY R BLAIR 224 E. 4TH ST., AXTELL, NE 68924				05/23/1973	01	3	01	2	2 M
VEH. 1	LOCAL NO.	MEDICAL FACILITY NAME	Good Samaritan Hospital		EMS SERVICE NAME	EMS RUN REPORT NO					
VEH. 1	NAME	SHANE A LOVELAND 304 SHEPPARD AVE, HILDRETH, NE 68947				04/01/1982	02	3	08	2	2 M
VEH. 1	LOCAL NO.	MEDICAL FACILITY NAME	Good Samaritan Hospital		EMS SERVICE NAME	EMS RUN REPORT NO					
VEH. 1	NAME	JACOB S SUMMERS 823 S. MAIN, WILBER, NE 68465				12/03/1991	03	3	01	2	2 M
VEH. 1	LOCAL NO.	MEDICAL FACILITY NAME	Good Samaritan Hospital		EMS SERVICE NAME	EMS RUN REPORT NO					

DR Form 40, Jan 09

This form replaces DR Form 40 Jan 82
Previous editions will be destroyed.

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS																												
<input type="radio"/> Indicate North by Arrow		INDICATE BY DIAGRAM WHAT HAPPENED																										
		INCIDENT CLASS NO. C15-07916																										
<p>Not To Scale</p> <p>I-80 East Bound</p> <p>I-80 West Bound</p> <p>Front middle passenger</p> <p>Driver</p> <p>Right front passenger</p> <p>Witness fence</p> <p>Vehicle #1 below the center median and road</p>																												
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION Vehicle #1 was east bound on I-80 near MM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.																												
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE																							
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE																							
WITNESSES	NAME	ADDRESS	PHONE																									
	Rob Gibson	ADDRESS	402-499-5550																									
WITNESSES	NAME	ADDRESS	PHONE																									
	Mary K Gibson	ADDRESS	402-432-0171																									
VEHICLE MOVEMENT BEFORE COLLISION VEH NO N S E W ROAD OR HIGHWAY NAME 1 X INTERSTATE 80		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)			AIRBAG DEPLOYED VEHICLE 1 <table border="1"> <tr><td>-</td><td>4</td><td></td></tr> <tr><td>-</td><td>5</td><td></td></tr> <tr><td>-</td><td>4</td><td></td></tr> </table>		-	4		-	5		-	4		RESTRAINT USE VEHICLE 1 <table border="1"> <tr><td>-</td><td>1</td><td></td></tr> <tr><td>-</td><td>1</td><td></td></tr> <tr><td>-</td><td>1</td><td></td></tr> </table>		-	1		-	1		-	1		TOTAL OCCUPANTS VEH 1 3 VEH 2 ALCOHOL TESTING Driver No. 1 Driver No. 2 Pedestrian ALCOHOL LEVEL TESTED N N N N BAC LEVEL ALCOHOL/DRUGS SUSPECTED Driver No. 1 Driver No. 2 3	
-	4																											
-	5																											
-	4																											
-	1																											
-	1																											
-	1																											
01 Turning left 02 Making U-turn 03 Entering traffic lane 04 Leaving straight ahead 05 Backing 06 Changing lanes 07 Overtaking/Passing 08 Turning right 09 Stopped or stopped in traffic		00 Turning left 01 Making U-turn 02 Entering traffic lane 03 Leaving straight ahead 04 Backing 05 Changing lanes 06 Overtaking/Passing 07 Turning right 08 Stopped or stopped in traffic			09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		01 Deployed - front 02 Deployed - side 03 Deployed - both front/side 04 Not deployed 05 Not applied/Not strong/weak 06 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Booster seat used 7 DOT approved child seat used 8 Cocaine related use 9 Restraint use unknown																			
OFFICER NO.		INVESTIGATOR TEAM (NAME/TEAM)			DEPARTMENT		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																					
510		Joe Flasnick			Nebraska State Patrol																							
INVESTIGATOR NAME (NAME OR TYPE)		INVESTIGATOR SIGNATURE					DATE OF REPORT	05/06/2016																				
		Approved by Joel Bergman																										